

# SACOPEE VALLEY HEALTH CENTER

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*Sacopec Valley Health Center is an Equal Opportunity Organization.*

## NOTICE OF PRIVACY PRACTICES

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

*Please review it carefully.*

### Uses and Disclosures of Health Information

Health information is recorded every time you seek treatment from a physician or other health care provider or visit the health center. Typically, health information contains your symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. We use your health information primarily for your **treatment**, **payment** and the **operations** of this health care facility.

**Treatment** involves examining your health information to treat you. For example:

- We may ask you to take a blood or urine test, the results of which might be used for diagnostic purposes.
- We may disclose your health information to others that may assist with your care, such as consultations with other physicians, nurses, therapists, etc.
- We may disclose this information to notify or assist in the notification of your family member, relative, close personal friend, or any other person you identify to us who may be responsible for your care, general condition or your location.
- In certain situations, we may disclose information to a public or private entity that is authorized to assist in disaster relief efforts, to notify or assist in the notification of your family member, relative, close personal friend, or any other person you identify to us who may be responsible for your care, location, general condition or death. In this event we will exercise our professional judgment regarding what information is released and for what purposes.

**Payment** involves disclosing some of your health information in order to be paid for our services, for example, to obtain payment from your insurance provider. We may also disclose this information to a third party who is responsible for payment such as family members on a family insurance policy.

- We may also disclose this information to your family member, relative, close personal friend, or any other person you identify to us as having responsibility for your care or being responsible for the payment of your care.

**Operations** that are necessary to carry out the activities of this health center might also be exposed to your health information. For example, an audit of the facility might be conducted for cost management review or for a review of quality of care.

## **Other Instances When We Might Reveal Health Information**

### **We are obligated by law to reveal health information in certain situations.**

Public health issues frequently involve reporting of health information. This includes:

- incidents of cancer to the Maine cancer registry
- records for births and deaths
- notification of sexually transmitted disease
- reporting child abuse or incidents of intimate partner violence
- reactions to drugs or other devices for your treatment
- other incidents the state or federal government deems significant to protect the health of the community

Health oversight activities sometimes involve reviewing health information of patients.

These activities include:

- licensure
- accreditation
- inspections and audits
- compliance with state and federal laws

A civil or criminal proceeding involving you can require us to disclose health information by a court or administrative order. If the action does not directly involve you, we will attempt to contact you to inform you of your rights to keeping your information confidential.

Law enforcement officials also have broad rights to examine health information in certain situations such as:

- identifying a crime victim
- death from criminal conduct
- other criminal conduct effecting this health center
- in response to a warrant or court order
- to identify individuals
- to report a crime

We may be required to report or disclose health information to Workers' Compensation.

### **We may use health information to increase the efficiency of this health center and the delivery of care.**

For example we might use health information to:

- provide appointment reminders
- provide information on alternative treatments or other health related benefits or services
- raise funds for the organization
- request your assistance with this community health center by serving on the Board of Directors

### **We may include health information in a data pool.**

This data pool will not contain information that specifically identifies you. For example, we may have a data pool consisting of diabetes cases in the community but we would not identify who the people are that have diabetes. This data pool is a source of information that we use to identify the overall services that this health center provides to the community. This data pool provides us with:

- a source of data for grant research focused on community health
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and marketing
- a tool which we can assess and continually work to improve the care we render and the outcomes we achieve

This data pool is subject to the oversight of an Institutional Review Board or a Privacy Board. These boards ensure that any information in this data pool is necessary to improve the delivery of health to the community and carries only a minimal risk of identification to any individual patient of this health center.

We may contact you for fundraising purposes. We may use information about you (such as your name, address, and phone number) in order to contact you in the future to raise money for Sacopec Valley Health Center. The money raised through these activities is used to expand and support the health care services and educational programs we provide to the community. If you do not wish to be contacted as part of our fundraising efforts, please notify the Chief Privacy Officer (see below for contact information) in writing.

## **Your Rights**

You have the right to request restriction on uses and disclosures of your information. Although your health record is the physical property of this health center, the information contained in it belongs to you.

To request a restriction you must make the request in writing to the Chief Privacy Officer of this health center (see below for contact information). The request **MUST** state what information you wish restricted and who you want this information restricted from.

Although we shall work with you to protect your information, we cannot accommodate all requests. Therefore we reserve the right to reject a request for a restriction. Unless we have specifically agreed to your request we will not be able to accommodate it. If we do agree to the restriction we will be bound by our agreement, except in the case of a legal requirement, emergencies or if the information is otherwise necessary to treat you.

### **You have a right to inspect and obtain a copy of your health records.**

- There will be a fee for copies.
- The request must be made in writing and sent to the Chief Privacy Officer of this health center (see below for contact information).
- We will produce the record in a paper format.
- We can summarize the information for you if you so request, however there is an additional fee for this service.
- If we deny all or part of your request we will provide the reason for doing so in writing. You may be entitled to request a review of this denial and if so, how and where to request a review.
- We are permitted to withhold certain information from your records, such as psychotherapy notes, or deny your right to directly access the information such as if the request is being made in connection to a civil, criminal or administrative action.

### **You have a right to request an amendment to your health record.**

- The person that created your records should amend them. Therefore, we may not be able to modify records that we did not create unless you provide a reasonable basis for us to believe that the person who created your records is no longer available.
- We may not be able to amend your records if they are not part of our records or could otherwise not be made available to you for your inspection.
- Requests for amendment must be made in writing and must state your reason for requesting the amendment. The request must be made in writing and sent to the Chief Privacy Officer of this health center (see below for contact information).

### **You have a right to obtain an accounting of disclosures of your health information.**

### **You have a right to receive confidential communications.**

- We will accommodate reasonable requests to contact you and deliver your health information as you would like.
- Your request must be made in writing.
- You have a right to a paper copy of this notice. This request can be made at any time to the Chief Privacy Officer of this health center (see below for contact information).

**You have a right to provide an authorization for the use of your health information not otherwise described in this notice.**

Furthermore, any authorization you grant to us to use your health information may be withdrawn at any time so long as notice is given in writing. Further details of your rights in regard to an authorization will be detailed in the authorization form itself.

**You have the ultimate right to reject or abide by the terms of the notice.**

### **Changes, Amendments and Modifications to this Notice**

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, a revised copy of this notice shall be posted in the SVHC waiting room and a copy of the revised notice shall, upon request, be provided to you at the SVHC front desk.

We will not use or disclose your health information without your authorization, except as described in this notice.

### **For More Information or to Report a Problem**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints, please contact:

**Chief Privacy Officer  
Sacopec Valley Health Center  
P.O. Box 777  
Parsonsfield, ME 04047  
207-625-8126**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the US Department of Health and Human Services. The person listed above can provide you with the appropriate address upon request. There will be no retaliation for filing a complaint.

### **Our Legal Duty**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**